BOE-571-F (S1F) REV. 9 (8-05)

# **AGRICULTURAL PROPERTY** STATEMENT FOR 2006

# Office of Tom J. Bordonaro, Jr. d. When did you start business at this location? San Luis Obispo County Assessor e. Enter location of general ledger and all related accounting

| STATEMENT TOTT 2000  | 1055 Monterey                                  | Stroot Sui                     | ta D360    |                | records (include                  | zip code):       | -                   |   |      |  |
|--|--|--------------------------------|------------|----------------|-----------------------------------|------------------|---------------------|---|------|--|
| (Declaration of costs and other related  | San Luis Obispo                                |                                |            |                |                                   | . ,              |                     |   |      |  |
| oroperty information as of 12:01 A.M.,<br>January 1, 2006)   | (805)781-5643 F                                |                                |            |                | . Enter name and                  | telephone ne     | o. of authorize     | ed person to contac                     | et a |  |
|  | ,  | 1 ax (000) 1                   | 01 004     | '   '          | location of accou                 |                  |                     |   |      |  |
| RETURN THIS ORIGINAL FORM. COPIES WILL NOT   | BE ACCEPTED.                                   |                                |            |                |                                   |                  |                     |   |      |  |
| FILE RETURN BY APRIL 1, 2006.  |  |                                |            | 9              |                                   |                  |                     | gh December 31, 20                      |      |  |
| NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and   | d mailing addrace )                            |                                |            |                | (1) Has all or pa<br>in ownership |                  |                     | en subject to a chan                    | ige  |  |
| (wake necessary conections to the printed name and   | mailing address.)                              |                                |            | $\neg$         |                                   |                  | onducting bus       | siness in the county                    | /?   |  |
| 1  |  |                                |            | '              | If <b>yes</b> , provi             | de name, ma      |                     | s ☐ No<br>s, and locations:             |      |  |
|  |  |                                |            |                |                                   |                  |                     | peen the subject of                     |      |  |
|  |  |                                |            |                | lease agreer options)?            | nent for a pe    |                     | ars or more (includi<br>No              | ng   |  |
|  |  |                                |            |                | (4) Did you acqu                  | uire "control"   | through acqu        | isition of stock or                     |      |  |
|  |  |                                |            |                | otherwise of county?              | a legal entity   |                     | real property in this                   | ;    |  |
| L  |  |                                |            |                | (5) Did another                   |                  |                     |   |      |  |
| LOCATION OF THE PROPERTY   | Tax Rate                                       | e Area                         |            |                | acquisition o<br>(see instruct    |                  |                     | s corporation or ent                    | ity  |  |
| (file a separate statement for each location)  |  |                                |            | ŀ              | n. Do you have: (                 | ,                | d or show ho        | or show horses?                         |      |  |
|  | Assesso  | or Only                        |            |                | (·                                | 2) Bacehors      | ☐ Yes<br>es? ☐ Yes  | i □ No                                  |      |  |
| PART I: GENERAL INFORMATION [Complete (a) through (i)]   |  |                                |            |                | •                                 | •                | cked, see inst      |   |      |  |
| a. Enter type of farm or business: b. Enter local telephone no. ( ) FAX no. ( )  | E Mail Ad                                      | ddress (optiona                | //         | i              | . Are there manufac               | ctured homes     |                     | located on the proper                   | rty? |  |
| c. Do you own the land at this location?   |  | Yes 🗌 No                       | <i>''</i>  |                | If yes, indicate:                 | No. current      | · <del></del>       | s □ No                                  |      |  |
| If yes, is the name on your deed recorded as shown on this s   |  | Yes No                         |            |                | <b>,</b> ,                        |                  | rently licensed     | d b                                     |      |  |
| PART II: DECLARATION OF PROPERTY BELONGING TO YO<br>(attach schedule for any adjustment to cost)   | U  |                                |            |                | COST (omit                        |                  | ASSESSOR'S USE ONLY |   |      |  |
| Supplies   |  | From Schedule                  | . A)       |                | \$                                | 20013)           |                     |   |      |  |
| 2. Animals   |  | From Schedule                  |            |                | ,                                 |                  |                     |   |      |  |
| Fixed machinery and equipment  | ,  | From Schedule                  |            |                |                                   |                  |                     |   |      |  |
| Movable farm equipment     Office furniture and equipment  | <u> </u>                                       | From Schedule<br>From Schedule |            |                |                                   |                  |                     |   |      |  |
| Office furniture and equipment     Equipment out on lease, rent, or conditional sale to others   |  | ttach Schedul                  |            |                |                                   |                  |                     |   | _    |  |
| 7. Other   |  |                                |            |                | \$                                |                  |                     |   |      |  |
| PART III: REAL PROPERTY ALTERATIONS  |  |                                |            |                |                                   |                  |                     |   |      |  |
| Have you made any changes to the real property this past year? If <b>Yes</b> , please complete Part III — "Real Property Alterations" on |  | twistians on no                | (COD)      | Dowt I         | 11                                |                  |                     |   |      |  |
|  |  | il uctions on pa               | ige (33D), | raiti          |                                   |                  |                     |   |      |  |
| PART IV: DECLARATION OF PROPERTY BELONGING TO O  |  |                                |            |                |                                   |                  |                     |   |      |  |
| (SPECIFY TYPE BY CODE NUMBER)  |  |                                | YEAR<br>OF | YEAF<br>OF     | R DESCRIPTION<br>AND              | COST TO PURCHASE | ANNUAL              | ASSESSOR'S                              |      |  |
| 1. Leased equipment 4. Animals 2. Lease-purchase option equipment 6. Tenants, rente  | 5. Other businesses<br>ers, farm mgt. co., etc |                                | ACQ.       | MFG            | . LEASE OR                        | NEW              | RENT                | USE ONLY                                |      |  |
| 3. Capitalized leased equipment 7. Government-c  | =  | ິ.   ♦                         |            |                | IDENTIFICATION NO.                |                  |                     |   |      |  |
| Tax Obligation: A. Lessor B. Le  | ,  |                                |            |                |                                   |                  |                     |   |      |  |
| Lessor's name  |  | ¬ ▼                            |            |                |                                   |                  |                     |   |      |  |
| Mailing address  |  |                                |            |                |                                   |                  |                     |   |      |  |
| Lessor's name  |  |                                |            |                |                                   |                  |                     |   |      |  |
| Mailing address  |  |                                |            |                |                                   |                  |                     |   |      |  |
|  | DECLARAT                                       | TION BY A                      | SSESSI     | EE             |                                   |                  |                     |   |      |  |
| OWNERSHIP TYPE (🗸) Note: The followin  | g declaration must                             | t be complet                   | ed and s   | igned          | . If you do not do                | so, it may       | result in pe        | enalties.                               |      |  |
| Proprietorship   |  |                                |            |                |                                   |                  |                     |   |      |  |
| Partnership accompanying schedules, st. Corporation and includes all property req  |  |                                |            |                |                                   |                  |                     |   |      |  |
| Other the assessee in this statemen  |  |                                |            | , <sub>[</sub> |                                   | ,                | -g,                 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |      |  |
| SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*   |  |                                |            |                | DATE                              |                  |                     |   |      |  |
| <u>A</u>   |  |                                |            |                |                                   |                  |                     |   |      |  |
| NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)   |  |                                |            |                | TITLE                             |                  |                     |   |      |  |
|  |  |                                |            |                |                                   |                  |                     |   |      |  |
| NAME OF LEGAL ENTITY (other than DBA) (typed or printed)   |  |                                |            |                | FEDERAL EN                        | MPLOYER ID N     | 10.                 |   |      |  |
|  |  |                                |            |                |                                   |                  |                     |   |      |  |
| PREPARER'S NAME AND ADDRESS (typed or printed)   |  | TELEPHONE N                    | 0.         |                | TITLE                             |                  |                     |   |      |  |
|  | 17   | ( )                            |            |                | 1                                 |                  |                     |   |      |  |

 $<sup>^{\</sup>star} \textit{Agent: See page S4B for Declaration by Assessee instructions}.$ 

| SCHEDULE A — SUPPLIE  |   |                 | D              | ESCRIPTION             | QUANTITY         | COST               | ASSESSOR'S<br>USE ONLY |
|---|---|-----------------|----------------|------------------------|------------------|--------------------|------------------------|
| January 1, 2006 — Report the the cost of supplies such as         | description, the quantity,                                      | , and           |                |                        |                  | \$                 |                        |
| nsecticide, building and fen                                      | cing material, repair p   | arts.           |                |                        |                  |                    |                        |
| accines and other veterinary                                      | supplies, feed and seed   | (see            |                |                        |                  |                    |                        |
| nstructions), and other (identify necessary).                     | y) (attach additional sche                                      | eaule           |                |                        |                  |                    |                        |
| necessary).   |   |                 |                |                        |                  |                    |                        |
|   |   |                 | ENTER (        | ON PART II, LINE 1     | TOTAL COST       | \$                 |                        |
| CHEDULE B — ANIMALS -   | <ul> <li>Report the description</li> </ul>                      | and             | D              | ESCRIPTION             | NUMBER           | COST IF KNOWN      |                        |
| umber (cost if known) of all ta                                   | axable animals such as t  | hose            |                |                        |                  | \$                 |                        |
| sed in riding stable or pack st<br>tallions or broodmares held fo | tation operations, rodeos,<br>or breeding <i>(attach addi</i> t | , and<br>tional |                |                        |                  |                    |                        |
| chedule if necessary).  | or procuring (analor adam                                       |                 |                |                        |                  |                    |                        |
|   |   |                 | ENTER (        | ON PART II, LINE 2     | TOTAL COST       | \$                 |                        |
| CHEDULE C — FIXED MACH  | IINERY AND EQUIDMEN   | <b>T</b> — Bor  |                |                        |                  | t fooders cages    |                        |
| gg washing and grading machines; these are improvements to        | ines, hulling equipment, w                                      | vind mac        | hines, etc. De | o not include pumps;   | pumphouses or pe | rmanent irrigation |                        |
| ITEM  | MAKE  | М               | ODEL           | YEAR OF<br>MANUFACTURE | PURCHASE DATE    | соѕт               |                        |
|   |   |                 |                |                        |                  | \$                 |                        |
|   |   |                 |                |                        |                  | 7                  |                        |
|   |   |                 |                |                        |                  |                    |                        |
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|   |   |                 |                |                        |                  |                    |                        |
|   |   |                 | ENITES:        |                        | TOT:: 0000       | Φ.                 |                        |
|   |   |                 | ENTER (        | ON PART II, LINE 3     | TOTAL COST       | \$                 |                        |

|  | oins, shakers, saddles, bridles, tools, tractors, harvesters, plows, etc., (attach additi |   | PURCHASE                              |                     |                         |  |
|--|---|---|---------------------------------------|---------------------|-------------------------|--|
| ITEM   | MAKE  | MODEL   | MANUFACTURE                           | DATE                | COST                    |  |
|  |   |   |                                       |                     | \$                      |  |
|  |   |   |                                       |                     |                         |  |
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|  |   |   |                                       |                     |                         |  |
| ives - Numbers of:                                   | One Story   | Two Story                                       | Three Story                           | Additional Stories  |                         |  |
|  |   |   |                                       |                     |                         |  |
|  |   | ENTER (   | ON PART II, LINE 4                    | TOTAL COST          | \$                      |  |
| CHEDULE E — OFFICE                                   | FURNITURE AND E   | QUIPMENT — Ente                                 | r the total original                  | YEAR OF ACQUISITION | ORIGINAL INSTALLED COST |  |
| nstalled cost by calendar se taxes, and installation | year of acquisition. In   | iclude freight-in, exci                         | se taxes, sales or                    | ACQUISITION         |                         |  |
| ems that were traded, re                             | etired, transferred, so   | lepreciated equipments.<br>Id. or iunked and re | emoved physically                     |                     | \$                      |  |
| om the premises (attach                              | additional schedule if  | necessary).                                     | , , , , , , , , , , , , , , , , , , , |                     |                         |  |
|  |   |   |                                       |                     |                         |  |
|  |   |   |                                       |                     |                         |  |
|  |   |   |                                       |                     |                         |  |
|  |   |   |                                       |                     |                         |  |
|  |   |   |                                       |                     |                         |  |
|  |   |   |                                       |                     |                         |  |
|  |   | ENTED   | ON DART II LINE 5                     | TOTAL COST          | Φ.                      |  |
|  |   | ENIER (   | ON PART II, LINE 5                    | TOTAL COST          | \$                      |  |
| IADVC.   |   |   |                                       |                     | •                       |  |
| IARKS:   |   |   |                                       |                     |                         |  |

| PART III: REAL PROPERTY ALTERATIONS See instructions on (S3B) Part III — (Describe and Report Costs) |   |             |        |        |              |            |               | s)          | C            | OST     | (om        | it ce             | nts) | ASSESSOR'S |          |    |   |              |
|--|---|-------------|--------|--------|--------------|------------|---------------|-------------|--------------|---------|------------|-------------------|------|------------|----------|----|---|--------------|
|  | ded or removed (structures, pumps, pipe lines, wind machines, etc.) |             |        |        |              |            |               |             |              |         | Х          | Х                 | Х    | Х          | USE ONLY |    |   |              |
|  |   |             |        |        |              |            |               |             | MONTH & YEAR |         |            |                   | X    |            |          |    |   |              |
| PARCEL   |   | DESCRIPTION |        |        |              |            |               |             |              | REMOVED |            | ^                 |      | ^          | ^        |    |   |              |
|  |   |             |        |        |              |            |               |             |              |         | 7,5525     | TILINO VED        | \$   |            |          |    |   | +            |
|  |   |             |        |        |              |            |               |             |              |         |            |                   | Ψ    |            |          |    |   | +            |
|  |   |             |        |        |              |            |               |             |              |         |            |                   |      |            |          |    |   |              |
|  |   |             |        |        |              |            |               |             |              |         |            |                   |      |            |          |    |   | +            |
|  |   |             |        |        |              |            |               |             |              |         |            |                   |      |            |          |    |   | +            |
|  |   |             |        |        |              |            |               |             |              |         |            |                   |      |            |          |    |   | _            |
|  |   |             |        |        |              |            |               |             |              |         |            |                   |      |            |          |    |   | +            |
|  |   |             |        |        |              |            |               |             |              |         |            |                   |      |            |          |    |   |              |
|  |   |             |        |        |              |            |               |             |              |         |            |                   |      |            |          |    |   |              |
|  |   |             |        |        |              |            |               |             |              |         |            |                   |      |            |          |    |   |              |
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|  |   |             |        |        |              |            |               |             |              |         |            |                   |      |            |          |    |   |              |
|  |   |             |        |        |              |            |               |             |              |         |            |                   |      |            |          |    |   |              |
| 2. Trees, vines or per   | ennia   | ls pla      | nted   | (P), r | emoved(R),   | budded (B) | or grafted    | (G)         |              |         |            |                   | X    | X          | X        | X  | X |              |
| PARCEL   |   | CHEC        |        |        | DATE         | NUMBER     | SPECIES       | VARIETY     | SPAC         | ING     | ACRES      | INTER-<br>PLANTED | Х    | Х          | Х        | Х  | X |              |
|  | Р   | R           | В      | G      |              |            |               | *********** | 0.7.0        |         | 7.020      | PLANTED           |      |            |          |    |   |              |
|  |   |             |        |        |              |            |               |             |              |         |            |                   | \$   |            |          |    |   |              |
|  | 1   |             |        |        |              |            |               |             |              |         |            |                   |      |            |          |    |   |              |
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|  |   |             |        |        |              |            |               |             |              |         |            |                   |      |            |          |    |   | +            |
| 2. Changes in the la   |   | rfoss       | (10)/0 | lina   | rinning drai | naga walla | luilling stal |             |              |         |            |                   |      |            | , v      |    |   |              |
| 3. Changes in the la   | Ta su   | mace        | (leve  | iing,  |              |            |               |             |              |         |            | 40050             |      |            | · ^      |    | X |              |
| PARCEL   |   |             |        |        | DE           | SCRIPTIO   | V             |             |              | MO      | NTH & YEAR | ACRES             |      |            |          | _^ | ^ |              |
|  |   |             |        |        |              |            |               |             |              |         |            |                   | \$   |            |          |    |   | +            |
|  |   |             |        |        |              |            |               |             |              |         |            |                   |      |            |          |    |   | +            |
|  |   |             |        |        |              |            |               |             |              |         |            |                   |      |            |          |    |   | +            |
|  |   |             |        |        |              |            |               |             |              |         |            |                   |      |            |          |    |   | +            |
|  |   |             |        |        |              |            |               |             |              |         |            |                   |      |            |          |    |   | +            |
|  |   |             |        |        |              |            |               |             |              |         |            |                   |      |            |          |    |   | +            |
|  |   |             |        |        |              |            |               |             |              |         |            |                   |      |            |          |    |   | +            |
|  |   |             |        |        |              |            |               |             |              |         |            |                   |      |            |          |    |   |              |
|  |   |             |        |        |              |            |               |             |              |         |            |                   |      |            |          |    |   |              |
|  |   |             |        |        |              |            |               |             |              |         |            |                   |      |            |          |    |   |              |
|  |   |             |        |        |              |            |               |             |              |         |            |                   |      |            |          |    |   |              |
| -  |   |             |        |        |              |            |               |             |              |         |            |                   |      |            |          |    |   |              |
| REMARKS:   |   |             |        |        |              |            |               |             |              |         |            |                   |      |            |          |    |   |              |
|  |   |             |        |        |              |            |               |             |              |         |            |                   |      |            |          |    |   |              |
|  |   |             |        |        |              |            |               |             |              |         |            |                   |      |            |          |    |   |              |
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|  |   |             |        |        |              |            |               |             |              |         |            |                   |      |            |          |    |   |              |
|  |   |             |        |        |              |            |               |             |              |         |            |                   |      |            |          |    |   |              |
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|  |   |             |        |        |              |            |               |             |              |         |            |                   |      |            |          |    |   |              |
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|  |   |             |        |        |              |            |               |             |              |         |            |                   |      |            |          |    |   |              |
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|  |   |             |        |        |              |            |               |             |              |         |            |                   |      |            |          |    |   |              |

#### OFFICIAL REQUEST

#### DO NOT RETURN THESE INSTRUCTIONS

California law prescribes a yearly ad valorem tax based on property as it exists at 12:01 a.m. on January 1 (tax lien date). This form constitutes an official request that you declare all assessable agricultural property situated in this county which you owned, claimed, possessed, controlled, or managed on the tax lien date, and that you sign (under penalty of perjury) and return the statement to the Assessor's Office by the date cited on the face of the form as required by law. Failure to file the statement during the time provided in section 441 of the Revenue and Taxation Code will compel the Assessor to estimate the value of your property from other information in the Assessor's possession and add a penalty of 10 percent of the assessed value as required by section 463 of the Code.

If you own taxable personal property in any other county whose aggregate cost is \$100,000 or more for any assessment year, you **must** file a property statement with the Assessor of that county whether or not you are requested to do so. Any person not otherwise required to file a statement shall do so upon request of the Assessor regardless of cost of property. The Assessor of the county will supply you with a form upon request.

Except for the "DECLARATION BY ASSESSEE" section, you may furnish attachments in lieu of entering the information on this property statement. However, such attachments must contain **all** the information requested by the statement and these instructions, the attachments must be in a format acceptable to the Assessor, and the property statement must contain appropriate references to the attachments and must be properly signed. In all instances, you must return the original form BOE-571-F.

| THIS       | THIS STATEMENT IS NOT           | IF ANY SITUATION EXISTS WHICH    |
|------------|---------------------------------|----------------------------------|
| STATEMENT  | A PUBLIC DOCUMENT. THE          | NECESSITATES A DEVIATION FROM    |
| IS SUBJECT | INFORMATION DECLARED WILL       | TOTAL COST PER BOOKS AND RECORDS |
| TO AUDIT.  | BE HELD SECRET BY THE ASSESSOR. | FULLY EXPLAIN ALL ADJUSTMENTS.   |

#### **INSTRUCTIONS**

(complete the statement as follows)

### NAME AND MAILING ADDRESS

If the information has been preprinted by the Assessor, make necessary corrections. **INDIVIDUALS**, enter the last name first, then the first name and middle initial. **LEGAL ENTITIES: PARTNERSHIPS** must enter at least two names, showing last name, first name and middle initial for each partner; **CORPORATIONS** report the full corporate name. If the business operates under a **DBA** (Doing Business As) or **FICTITIOUS NAME**, enter the DBA (Fictitious) name under which you are operating in this county below the name of the sole owner, partnership, or corporation.

### LOCATION OF THE PROPERTY

Enter the complete street address or location. If preprinted, make necessary corrections. Enter the Assessor's Parcel No. if known. Request additional forms if you have agricultural personal property or fixtures at other locations. A listing may be attached to a single property statement for your equipment leased or rented to others, when any such properties are situated at many locations within this county.

#### **PART I: GENERAL INFORMATION**

Complete items (a) through (i).

**OWNERSHIP OF LAND** — (c). Check either the YES or the NO box to indicate whether you own the land at the LOCATION OF THE PROPERTY shown on this statement. If YES is checked, verify the official RECORDED NAME on your DEED. If it agrees with the name shown on this statement, check the second YES box. If it does **not** agree, check the second NO box.

**PROPERTY TRANSFER** — **(g)**. A property transfer includes all transfers of property through grant, gift, devise, inheritance, trust, contract of sale, addition or deletion of an owner, or any other means. A property transfer also includes the creation, sublease, or assignment of a leasehold interest in real property for a term of 35 years or more including options. A transfer also occurs when more than 50 percent of a corporation's voting stock, or more than 50 percent of the ownership interest of a partnership or other legal entity, is acquired, in a single transaction or cumulatively, by another person or legal entity. Not all property transfers are considered changes in ownership requiring reappraisal. The information is solicited herein for discovery purposes only.

**REGISTERED OR SHOW HORSES** — **(h-1)**. If **yes** is checked, obtain form BOE-571-F2, *Registered and Show Horses Other than Racehorses*, from the Assessor and file with this return.

**RACEHORSES** — **(h-2)**. If **yes** is checked, obtain form BOE-571-J, *Annual Racehorse Tax Return*, from the Assessor and file as required.

**MANUFACTURED HOMES (MOBILEHOMES)** — (i). A manufactured home (mobilehome) is a transportable structure designed to be occupied as a residence, and it is either more than 40 feet long or more than 8 feet wide. Report the number of manufactured homes (mobilehomes) on this property which are currently licensed (license is not delinquent or expired) and the number of manufactured homes (mobilehomes) which are not licensed or for which the license is delinquent or expired. Do not report "travel trailers" which are not more than 40 feet long or more than 8 feet wide.

#### PART II: DECLARATION OF PROPERTY BELONGING TO YOU

Report descriptions and quantities or book cost (100 percent of actual cost) where requested on the form. Report any additional information which will assist the Assessor in arriving at a fair market value. Include finance charges, where applicable, for self-constructed equipment and for buildings. **Do not** include finance charges for purchased equipment.

#### LINE 1. SUPPLIES

Enter the total cost from Schedule A.

#### LINE 2. ANIMALS

Complete Schedule B if applicable and enter the total cost if known.

### LINE 3. FIXED MACHINERY AND EQUIPMENT

Enter the total cost from Schedule C.

### LINE 4. MOVABLE FARM EQUIPMENT

Enter the total cost from Schedule D.

### LINE 5. OFFICE FURNITURE AND EQUIPMENT

Enter the total cost from Schedule E.

## LINE 6. EQUIPMENT OUT ON LEASE, RENT, OR CONDITIONAL SALE TO OTHERS

Report cost on line 6 and attach schedules showing the following (Equipment actually out on lease or rent, equipment out on a conditional sale agreement, and equipment held for lease or rent which you have used or intend to use must be reported). Equipment held for lease or rent and not otherwise used by you is exempt and should not be reported.

**Equipment out on lease, rent, or conditional sale.** (1) Name and address of party in possession, (2) location of the property, (3) quantity and description, (4) date of acquisition, (5) your cost, selling price, and monthly rent, (6) lease or identification number, (7) date and duration of lease, (8) how acquired (purchased, manufactured, other — explain), (9) whether a lease or a conditional sale agreement. If the property is used by a free public library or a free museum or is **used exclusively** by a public school, community college, state college, state university, church, or a nonprofit college it may be exempt from property taxes, provided the lessor's exemption claim is filed by February 15. Obtain form BOE-263, *Lessors' Exemption Claim*, from the Assessor. Also include equipment on your premises held for lease or rent **which you have used or intend to use.** Report your cost and your selling price by year of acquisition.

### LINE 7. OTHER

Describe and report the cost of tangible property that is not reported elsewhere on this form.

#### PART III: REAL PROPERTY ALTERATIONS

Check either the **Yes** or the **No** box to indicate whether you have made alterations to the real property between January 1, 2005, and December 31, 2005. If **No** is checked, you may proceed to Part IV.

If you check the **Yes** box, go to (S2B) to report any alteration made by you to the real property between January 1, 2005, and December 31, 2005. **If you have made changes to various parcels, but are filing only one property statement, list the parcel numbers in the column provided.** Describe the alteration and report cost as follows:

- (1) IMPROVEMENTS ADDED OR REMOVED. List and describe additions or alterations made during the twelve months preceding January 1 to buildings, structures, pumps, permanent pipelines or other items attached to the land. Enter the cost of any such changes. List and describe any removals giving the year of acquisition and original cost, if known. Enter the month and year the addition, alteration, or removal was completed. If not completed on January 1, enter "CIP" (construction in progress).
- (2) TREES, VINES, OR PERENNIALS, PLANTED, REMOVED, BUDDED OR GRAFTED. List and indicate additions or removals during the twelve months preceding January 1. For additions, list the date planted, number, species, variety, spacing, number of acres planted, and whether "planted" (all new planting or replanting) or "interplant" (new planting intermixed with existing plantings). Enter the cost of the additions. For removals, describe and list the date of planting, if known. If budded or grafted, provide dates and cost. Indicate the action taken in the heading area of the cost column.

(3) CHANGES TO THE LAND SURFACE. Describe any changes made during the twelve months preceding January 1 in the surface of the land, such as leveling, ripping, drainage, well drilling, etc. Enter the cost of such changes, and acres changed. Enter the month and year the changes were completed. If not completed on January 1, enter "CIP" (construction in progress).

### PART IV: DECLARATION OF PROPERTY BELONGING TO OTHERS

Enter the name and mailing address of the owner. Read your agreement carefully and enter A (Lessor) or B (Lessee), and whether lessor or lessee has the tax obligation. For assessment purposes, the Assessor will consider, but is not bound to, the contractual agreement.

- LEASED EQUIPMENT. Report the year of acquisition, the year of manufacture, the lease contract number or other identification number, the total installed cost to purchase (including sales tax), and the annual rent; do not include in Schedules C, D, or E (see No. 3 below).
- 2. LEASE-PURCHASE OPTION EQUIPMENT. Report here all equipment acquired on lease-purchase option on which the **final payment remains to be made.** Enter the year of acquisition, the year of manufacture, the lease contract number or other identification number, the total installed cost to purchase (including sales tax), and the annual rent. **If final payment has been made,** report full cost in Schedules C, D, or E (see No. 3 below).
- 3. CAPITALIZED LEASED EQUIPMENT. Report here all leased equipment that has been capitalized at the present value of the minimum lease payments on which a final payment remains to be made. Enter the year of acquisition, the year of manufacture, the lease contract number or other identification number and the total installed cost to purchase (including sales tax). Do not include in Schedules C, D, or E unless final payment has been made.
- 4. ANIMALS. Report all taxable animals, such as those used in riding stables, pack station operations, or rodeos, stallions or broodmares held for breeding, and registered or show horses on your premises which belong to others. Enter Code Number "4" in the Code Number Column. Describe the type of animals (use a second line on this schedule or attach a schedule). If you board racehorses, report the horses on form BOE-571-J1, Annual Report of Boarded Racehorses.
- 5. OTHER BUSINESSES. Report other businesses on your premises.
- 6. TENANTS, RENTERS, FARM MANAGEMENT CO., ETC. Report the names and addresses of persons renting or managing your property. Enter Code Number "6" in the Code Number Column.
- 7. GOVERNMENT-OWNED PROPERTY. If you possess or use government-owned land, improvements, or fixed equipment, or government-owned property is located on your premises, report the name and address of the agency which owns the property, and a description of the property.

### SCHEDULE A — SUPPLIES ON HAND

Report the description, the quantity and the cost of supplies on hand. Use the open lines of the schedule or attach a schedule showing the type and cost of the items.

- (1) FEED Report all feed held for use by taxable animals such as those used in riding stable or pack station operations, rodeos, and stallions or broodmares held for breeding, showing tons if grown and if purchased, the amount on hand and cost per unit.
- (2) SEED Report the cost (or type and weight) of seed held for feed crops which are intended for your own use. Do not report seed held for sale or for the production of crops intended for sale.

## **SCHEDULE B — ANIMALS**

Report the description and number (cost if known) of all taxable animals such as those used in riding stable or pack station operations, rodeos, and stallions or broodmares held for breeding. (Do not report animals involved in the production of food and fiber, such as dairy cattle and bulls, beef cattle and bulls, draft animals, swine, sheep and poultry and animals held for sale or lease.) If you have animals on your premises which you do not own, report ownership and description in PART IV, Declaration of Property Belonging to Others.

Complete question "h", Part I on (S1F) if you have racehorses, registered or show horses. **Do not** report such animals on this schedule.

#### SCHEDULE C — FIXED MACHINERY AND EQUIPMENT

Include items such as bulk feed tanks, milk barn equipment, feeders, cages, egg washing and grading machines, hulling equipment, wind machines, etc. **Do not** include pumps, pumphouses or permanent irrigation lines; these are improvements to be reported in Part III, which involves land surface changes that have occurred during the twelve months preceding January 1.

The reported costs should include the cost of machinery or equipment including excise, sales, or use taxes, freight and installation charges. (Note: A charge for self-construction/labor should be imputed when such is the case, e.g., if you would have paid \$500 to have a pump installed but performed the labor yourself, the value of that labor must be included in the value/cost of such machinery and equipment.)

### SCHEDULE D — MOVABLE FARM EQUIPMENT

Include items such as tractors, harvesters, plows, tools, hive boxes, bunkhouse furnishings (owned by the farmer), portable wind machines, temporary pipes and sprinklers that are above ground (not permanent), heaters, smudge pots, pallets, bins, shakers, saddles, bridles, etc.

List each item of machinery and equipment that you own. Equipment out on lease should not be included here; report such equipment, per instructions, on (S3B) line 6. Include equipment acquired through a lease-purchase agreement at the selling price effective at the inception of the lease and report the year of the lease as the year of acquisition (if final payment has **not** been made, report such equipment in PART IV). If you own machinery and equipment at another location in this county and you did not receive a form for reporting equipment at that location, or if your equipment is temporarily outside the county, attach a schedule to this statement showing the location of the equipment and provide the information requested in this schedule. Report all machinery and equipment, whether fully depreciated or not, including implements of husbandry, special mobile equipment (SE Plates), and other vehicles exempt from licensing and registration under Division 16 of the Vehicle Code. Do not include licensed vehicles designed primarily for the transportation of persons or property on a highway.

The reported cost should include excise taxes, sales or use taxes, freight charges, and installation costs. If a trade-in was deducted, the amount to be entered is the invoice price (adding back the trade-in). Deductions for investment credits allowable for federal income tax purposes may not be taken and must be added back if deducted when the cost was entered on your books and records. Include expenses incurred immediately after purchase to bring a machine up to operable condition. As mentioned in Schedule C, the value of self-construction must be included.

# SCHEDULE E — OFFICE FURNITURE AND EQUIPMENT

Enter the total original installed cost by calendar year of acquisition. Include freight-in, excise taxes, sales or use taxes, and installation costs. Include fully depreciated office equipment but **do not** include items that were traded, retired, transferred, sold, or junked and removed physically from the premises. If office equipment is located elsewhere in the county, attach a similar schedule and identify the location. **All office equipment must be reported on this statement.** 

If necessary, attach additional schedules to this property statement.

#### **DECLARATION BY ASSESSEE**

The law requires that this property statement, regardless of where it is executed, shall be declared to be true under penalty of perjury under the laws of the State of California. The declaration must be signed by the assessee, a duly appointed fiduciary, or a person authorized to sign on behalf of the assessee. In the case of a **corporation**, the declaration must be signed by an officer or by an employee or agent who has been designated in writing by the board of directors, by name or by title, to sign the declaration on behalf of the corporation. In the case of a **partnership**, the declaration must be signed by a partner or an authorized employee or agent. In the case of a **Limited Liability Company** (LLC) the declaration must be signed by an LLC manager, or by a member where there is no manager, or by an employee or agent designated by the LLC manager or by the members to sign on behalf of the LLC.

When signed by an employee or agent, other than a member of the bar, a certified public accountant, a public accountant, an enrolled agent or a duly appointed fiduciary, the assessee's written authorization of the employee or agent to sign the declaration on behalf of the assessee must be filed with the Assessor. The Assessor may at any time require a person who signs a property statement and who is required to have written authorization to provide proof of authorization.

A property statement that is not signed and executed in accordance with the foregoing instructions is not validly filed. The penalty imposed by section 463 of the Revenue and Taxation Code for failure to file is applicable to unsigned property statements.